

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/01/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G593		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/22/2012	
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC				STREET ADDRESS, CITY, STATE, ZIP CODE 3142 62ND PL E HOBART, IN 46342			
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W0000	<p>This visit was for the investigation of complaint #IN00109706.</p> <p>COMPLAINT #IN00109706: SUBSTANTIATED, federal and state deficiencies related to the allegation are cited at W122, W149, W153, W154 and W156.</p> <p>Dates of Survey: June 20, 21 and 22, 2012</p> <p>Facility number: 001107 Provider number: 15G593 AIM number: 100245570</p> <p>Surveyor: Christine Colon, Medical Surveyor III/QMRP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 6/29/12 by Ruth Shackelford, Medical Surveyor III.</p>		W0000	Refer to W122, W149, W153, W154 and W156.			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W0122	<p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met.</p> <p>Based on record review and interview, the Condition of Participation, Client Protections, is not met as the facility failed to have written documentation to indicate a thorough investigation of an allegation of abuse was completed for 1 of 1 investigation reviewed involving 1 of 4 sampled clients (client A).</p> <p>Findings include:</p> <p>1. Please refer to W149. The facility failed to implement their abuse/neglect policy by not completing a thorough investigation for 1 of 1 investigation reviewed of an allegation of staff abuse involving 1 of 4 sampled clients (client A).</p> <p>2. Please refer to W153. The facility failed for 1 of 1 investigation of alleged staff abuse, involving 1 of 4 sampled clients (client A), to report immediately to the administrator and to the Bureau of Developmental Disabilities Services (BDDS) in accordance with state law.</p> <p>3. Please refer to W154. The facility failed for 1 of 1 investigation of alleged staff abuse, involving 1 of 4 sampled clients (client A), to provide evidence a</p>		W0122	<p>The facility currently has a written policy and procedure on mistreatment, neglect or abuse of a client and the reporting there of. All new employees are trained on the policy and procedure for reporting injury of the clients to the proper authorities within and outside the agency. The facility follows a protocol including assessment of client behavioral support plans, program goals and individual support plan to ensure the client needs and protection met. The facility will retrain the staff on endangered adults, supervision of clients, written policy and procedure on mistreatment, neglect or abuse of a client and the reporting plan and protocols to ensure full measures are being employed to protect the clients. The Home manager and Program Director will each complete observation in the home weekly for 30 days to ensure the staff are reporting incidents and following policy to protect the clients. The Program Director will monitor the staff and documentation logs to ensure that incidents that occur are addressed to ensure the client's basic needs are being met in full. The facility will continue to train all employees to follow the reporting guidelines of behavior plans as written and initiation of behavioral</p>		07/13/2012	

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	<p>thorough investigation was completed.</p> <p>4. Please refer to W156 as the facility failed to report the results of 1 of 1 reviewed investigation, involving 1 of 4 sampled clients (client A), to the administrator within five business days.</p> <p>These federal tag relates to complaint #IN00109706.</p> <p>9-3-2(a)</p>			<p>intervention techniques as trained. In the future, the Home Manager will conduct weekly observations of the home and staff to ensure protocols are being followed and clients are protected. The Program Director will report to all parties internally and outside agencies of any alleged abuse or neglect. The program Director will begin an investigation upon receipt of said allegation within 5 days. Person responsible: Area Director Completion Date: 07/22/2012</p>			

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W0149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on record review and interview, the facility failed to implement their abuse/neglect policy by not completing a thorough investigation of an allegation of staff abuse for 1 of 1 investigation reviewed involving 1 of 4 sampled clients (client A).</p> <p>Findings include:</p> <p>A review of the facility's investigation records was conducted on 6/21/12 at 2:45 P.M.. Review of the facility's records indicated:</p> <p>"Summary of Internal Investigation Report' dated 6/14/12...Re: Allegation of physical abuse...Date of Incident: 6/7/12: Direct Support Staff (DSP) #1 reported on 6/7/2012 to Home Manager (HM) that [DSP #2] had slapped [client A] in the face because he spit in [DSP #2]'s face. [DSP #2] was suspended on 6/7/12. [DSP #1] was suspended on 6/7/2012...Dates of investigation: 6/8/12, 6/11/12, 6/13/12, 6/14/12 and 6/15/12."</p> <p>DSP #1 interview:</p> <p>"[DSP #1] stated they were at [Group</p>		W0149	<p>The facility currently has a witten policy and procedure on mistreatment, neglect or abuse of a client and the reporting there of. All new employees are trained on the policy and the procedure for reporting injury of the clients to the proper authorities within and outside the agency. The facitly follows a protocol including assessment of client behavioral support plans, program goals and individual support plan to ensure the client needs and protection is met. The facility will retrain the staff on endangered adults, supervision of clients, written policy and procedure on mistreatment, neglect or abuse of a client and the reporting plan and protocols to ensure full measures are being employed to protect the clients. The Home manager and Program Director will each complete observations in the home weekly for 30 days to ensure the staff are reporting incidents and following policy to protect the clients. The Program Director will monitor the staff and documentation logs to ensure that incidents that occur are addressed to ensure the client's basic needs are being met in full. The facility will continue to train all employees to follow the reporting guidelines of behavior plans as</p>		07/13/2012	

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	<p>Home name]. [DSP #1] was not able to provide a date as to when this happened. [DSP #1] stated that this happened about a week ago. [Client A] was the only one in the car when she heard [client A] yell. [DSP #1] stated she made it to the passenger side of [DSP #2]'s car door and witnessed [client A] spit in [DSP #2]'s face. [DSP #1] stated [DSP #2] slapped [client A] and stated you are not going to spit in my face, what I told you about that. [DSP #1] stated [client A] started pulling on [DSP #2]'s shirt. [DSP #1] stated [DSP #2] took [client A]'s fingers and bent them back to hurt him. [DSP #1] stated [DSP #2] walked up to her later saying that she better not find out [DSP #1] told anyone."</p> <p>Home Manager #1 interview:</p> <p>"[HM #1] stated she and [DSP #1] were standing outside on June 7, 2012 and [DSP #1] stated she didn't want to come to work tomorrow. [HM #1] stated [DSP #1] was reluctant about coming to work because of [DSP #2]. [HM #1] stated [DSP #1] stated she saw [DSP #2] slap [client A] in the face one day last week because he spit on her. [HM #1] stated [DSP #1] stated she really think (sic) [DSP #2] is going to hurt one of the individuals. [HM #1] stated she was sitting with [client Z] on Friday and [HM</p>		<p>written and initiation of behavioral interventions techniques as trained. In the future, the Home Manager will conduct weekly observations of the home and staff to ensure protocols are being followed and clients protected. The Program Director will begin an investigation upon receipt of said allegation and complete within 5 days. In addition to the Area Director will retrain the Program Director to complete a follow up report within timeframe to all state agencies as required. Person responsible: Area Director Completion Date: 07/22/2012</p>				

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	<p>#1] asked her did she feel afraid of [DSP #2] and [client Z] said yes. [HM #1] stated [client Z] pointed at [client A] and stated [DSP #2] slapped [client A] and demonstrated with her hands. [HM #1] asked [client Z] how did she know and [client Z] stated she saw when she was with [DSP #1]. [Client Z] reported that [DSP #1] was her staff the day in question and stated she was sitting in the front seat of [DSP #1]'s van when [DSP #2] slapped [client A]."</p> <p>DSP #3 interview:</p> <p>"[DSP #3] stated she had a feeling of abuse but had no concrete evidence. Examples were individuals didn't want to go with [DSP #2]. Client behaviors would increase. [DSP #3] stated she saw [DSP #2] nit picking with other clients."</p> <p>Further review of the investigation record indicated the following:</p> <p>"Also during the documentation review it was noted that staff person [DSP #2] has been involved at the minimum of 3 abuse allegations of another client and was moved to day program for her protection."</p> <p>An interview with [client A] was conducted on 6/22/12 at 8:30 A.M.. When asked if he knew who [DSP #2]</p>						

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	<p>was, [client A] shook his head indicating yes. When asked if [DSP #2] slapped him in the face, [client A] shook his head indicating no and then pointed to his right forearm. When asked if [DSP #2] grabbed his hand, [client A] shook his head indicating yes and then grabbed his right fingers with his left hand and began bending them backwards.</p> <p>A request for investigation records involving DSP #2 was made on 6/22/12 at 10:00 A.M.. An investigation record dated 12/15/11, from the facility's supportive living site was submitted for review at 11:00 A.M.. Review of the record indicated [DSP #2] was accused of slapping a supportive living client while [DSP #2] was feeding the client. The witnessing staff reported she did not immediately report the incident because she felt threatened by [DSP #2].</p> <p>A review of the facility's "Supervised Group Living Policy Manual: Human Rights" dated 8/10/06 was conducted at the facility's administrative office on 6/22/12 at 11:40 A.M.. Review of the facility's policy indicated: "Ensure clients are not subjected to physical abuse...are free from unnecessary restraints...The following actions are prohibited by employees of Indiana Mentor: abuse, neglect, exploitation or mistreatment of</p>						

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	<p>an individual...Any allegation of abuse or human rights violation is thoroughly investigated by the Director of Program Services in consultation with the Human Resources Department and/or Risk Management Department."</p> <p>An interview with Program Director (PD) #2 was interviewed on 6/22/12 at 9:40 A.M.. PD #2 indicated the investigation into the 6/7/12 abuse allegation involving client A and results of an investigation were not complete yet. PD #2 stated "I submitted my report to the Area Director and she submitted her report to her supervisor and currently it is in Quality Assurance (QA). It still has to go to the QA supervisor, then to the administrator and then her supervisor."</p> <p>This federal tag relates to complaint #IN00109706.</p> <p>9-3-2(a)</p>						

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W0153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview, the facility failed for 1 of 1 allegation involving 1 of 4 sampled clients (client A), to report an allegation of physical abuse immediately to the administrator and to the Bureau of Developmental Disabilities Services (BDDS) in accordance with state law.</p> <p>Findings include:</p> <p>A review of the facility's investigation records was conducted on 6/21/12 at 2:45 P.M.. Review of the facility's records indicated:</p> <p>"Summary of Internal Investigation Report' dated 6/14/12...Re: Allegation of physical abuse...Date of Incident: 6/7/12: Direct Support Staff (DSP) #1 reported on 6/7/2012 to Home Manager (HM) that DSP #2 had slapped [client A] in the face because he spit in DSP #2's face. DSP #2 was suspended on 6/7/12. DSP #1 was suspended on 6/7/2012...Dates of investigation: 6/8/12, 6/11/12, 6/13/12,</p>		W0153	<p>The facility currently has a written policy and procedure on mistreatment, neglect or abuse of a client and the reporting there of. All new employees are trained on the policy and the procedure for reporting injury of the clients to the proper authorities within and outside the agency. The Home manager will retrain the staff to adhere to the reporting guidelines of reporting an incident of potential abuse or neglect of a client to ensure investigation of such incident is engaged to begin an investigation and in addition reported within 24 hours as mandated. The Home Manager will monitor the daily support records and behavior support data daily to ensure client incident are reported to the Program Director. Program Director will monitor the staff and documentation logs weekly to ensure that incidents that occur are reported in a timely manner in the future. Person Responsible: Area Director Completion : 07/22/2012</p>		07/13/2012	

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	<p>6/14/12 and 6/15/12."</p> <p>An interview was conducted with the Program Director (PD) at the facility's administrative office on 6/22/12 at 9:40 A.M.. The PD indicated the incident occurred the week prior to 6/7/12 but was not reported to the facility until 6/7/12. The PD stated "Incidents are to be reported immediately to the administrator and within 24 hours to BDDS."</p> <p>This federal tag relates to complaints #IN00109706.</p> <p>9-3-2(a)</p>						

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W0154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview, the facility failed for 1 of 1 investigation of alleged staff abuse, involving 1 of 4 sampled clients (client A), to provide evidence a thorough investigation was completed.</p> <p>Findings include:</p> <p>A review of the facility's investigation records was conducted on 6/21/12 at 2:45 P.M.. Review of the facility's records indicated:</p> <p>"Summary of Internal Investigation Report' dated 6/14/12...Re: Allegation of physical abuse...Date of Incident: 6/7/12: Direct Support Staff (DSP) #1 reported on 6/7/2012 to Home Manager (HM) that [DSP #2] had slapped [client A] in the face because he spit in [DSP #2]'s face. [DSP #2] was suspended on 6/7/12. [DSP #1] was suspended on 6/7/2012...Dates of investigation: 6/8/12, 6/11/12, 6/13/12, 6/14/12 and 6/15/12."</p> <p>DSP #1 interview:</p> <p>"[DSP #1] stated they were at [Group Home name]. [DSP #1] was not able to</p>			W0154	<p>The facility currently has a written policy and procedure in place on mistreatment, neglect or abuse of a client and the reporting there of. All new employees are trained on the policy and the procedure for reporting injury of the clients to the proper authorities within and outside the agency. The Home Manager will retrain the staff to adhere to the reporting guidelines of reporting an incident of potential abuse or neglect of a client to ensure investigation of such incident is engaged to begin an investigation and in addition reported within 24 hours as mandated. The Home Manager will monitor the daily support record and behavior support data daily to ensure client incidents are reported to the Program Director. Program Director will monitor the staff and documentation logs weekly to ensure that incidents that occur are reported in a timely manner in the future. Person Responsible: Area Director Completion Date: 07/22/2012</p>		07/13/2012

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	<p>provide a date as to when this happened. [DSP #1] stated that this happened about a week ago. [Client A] was the only one in the car when she heard [client A] yell. [DSP #1] stated she made it to the passenger side of [DSP #2]'s car door and witnessed [client A] spit in [DSP #2]'s face. [DSP #1] stated [DSP #2] slapped [client A] and stated you are not going to spit in my face, what I told you about that. [DSP #1] stated [client A] started pulling on [DSP #2]'s shirt. [DSP #1] stated [DSP #2] took [client A]'s fingers and bent them back to hurt him. [DSP #1] stated [DSP #2] walked up to her later saying that she better not find out [DSP #1] told anyone."</p> <p>Home Manager #1 interview:</p> <p>"[HM #1] stated she and [DSP #1] were standing outside on June 7, 2012 and [DSP #1] stated she didn't want to come to work tomorrow. [HM #1] stated [DSP #1] was reluctant about coming to work because of [DSP #2]. [HM #1] stated [DSP #1] stated she saw [DSP #2] slap [client A] in the face one day last week because he spit on her. [HM #1] stated [DSP #1] stated she really think (sic) [DSP #2] is going to hurt one of the individuals. [HM #1] stated she was sitting with [client Z] on Friday and [HM #1] asked her did she feel afraid of [DSP</p>						

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	<p>#2] and [client Z] said yes. [HM #1] stated [client Z] pointed at [client A] and stated [DSP #2] slapped [client A] and demonstrated with her hands. [HM #1] asked [client Z] how did she know and [client Z] stated she saw when she was with [DSP #1]. [Client Z] reported that [DSP #1] was her staff the day in question and stated she was sitting in the front seat of [DSP #1]'s van when [DSP #2] slapped [client A]."</p> <p>DSP #3 interview:</p> <p>"[DSP #3] stated she had a feeling of abuse but had no concrete evidence. Examples were individuals didn't want to go with [DSP #2]. Client behaviors would increase. [DSP #3] stated she saw [DSP #2] nit picking with other clients."</p> <p>Further review of the investigation record indicated the following:</p> <p>"Also during the documentation review it was noted that staff person [DSP #2] has been involved at the minimum of 3 abuse allegations of another client and was moved to day program for her protection."</p> <p>An interview with [client A] was conducted on 6/22/12 at 8:30 A.M.. When asked if he knew who [DSP #2] was, [client A] shook his head indicating</p>						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G593		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/22/2012	
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	<p>yes. When asked if [DSP #2] slapped him in the face, [client A] shook his head indicating no and then pointed to his right forearm. When asked if [DSP #2] grabbed his hand, [client A] shook his head indicating yes and then grabbed his right fingers with his left hand and began bending them backwards.</p> <p>A request for investigation records involving DSP #2 was made on 6/22/12 at 10:00 A.M.. An investigation record dated 12/15/11, from the facility's supportive living site was submitted for review at 11:00 A.M.. Review of the record indicated [DSP #2] was accused of slapping a supportive living client while [DSP #2] was feeding the client. The witnessing staff reported she did not immediately report the incident because she felt threatened by [DSP #2].</p> <p>An interview with Program Director (PD) #2 was interviewed on 6/22/12 at 9:40 A.M.. PD #2 indicated the investigation into the 6/7/12 abuse allegation involving client A and results of an investigation were not complete yet. PD #2 stated "I submitted my report to the Area Director and she submitted her report to her supervisor and currently it is in Quality Assurance (QA). It still has to go to the QA supervisor, then to the administrator and then her supervisor."</p>						

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	<p>This federal tag relates to complaints #IN00109706.</p> <p>9-3-2(a)</p>						

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W0156	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident.</p> <p>Based on record review and interview, the facility failed to report the results of 1 of 1 reviewed investigation, involving 1 of 4 sampled clients (client A), to the administrator within five business days.</p> <p>Findings include:</p> <p>A review of the facility's investigation records was conducted on 6/21/12 at 2:45 P.M.. Review of the facility's records indicated:</p> <p>"Summary of Internal Investigation Report' dated 6/14/12...Re: Allegation of physical abuse...Date of Incident: 6/7/12: Direct Support Staff (DSP) #1 reported on 6/7/2012 to Home Manager (HM) that DSP #2 had slapped [client A] in the face because he spit in DSP #2's face. DSP #2 was suspended on 6/7/12. DSP #1 was suspended on 6/7/2012...Dates of investigation: 6/8/12, 6/11/12, 6/13/12, 6/14/12 and 6/15/12."</p> <p>Further review of facility records failed to indicate findings of the investigation of the 6/7/12 allegation of abuse of client A</p>		W0156	<p>The facility currently has a written policy and procedure on mistreatment, neglect or abuse of a client and the reporting there of. All new employees are trained on the policy and the procedure for reporting injury of the clients to the proper authorities within and outside the agency. The Home Manager will retrain the staff to adhere to the reporting guidelines of reporting an incident of potential abuse or neglect of a client to ensure investigation of such incident is engaged to begin an investigation and in addition reported within 24 hours as mandated. The Home Manager will monitor the daily support records and behavior support data daily to ensure client incidents are reported to the Program Director. Program Director will monitor the staff and documentation logs weekly to ensure that incidents that occur are reported in a timely manner in the future. In addition the Area Director will retrain the Program Director on reporting timeframes in order to meet process deadlines. Person Responsible: Area Director Completion Date: 07/22/2012</p>		07/13/2012	

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	<p>were forwarded to the facility's administrator within five working days.</p> <p>An interview with Program Director (PD) #2 was interviewed on 6/22/12 at 9:40 A.M.. PD #2 indicated the investigation into the 6/7/12 abuse allegation involving client A and results of the investigation were not forwarded to the administrator. PD #2 stated "I submitted my report to the Area Director and she submitted her report to her supervisor and currently it is in Quality Assurance (QA). It still has to go to the QA supervisor and then to the administrator."</p> <p>This federal tag relates to complaint #IN00109706.</p> <p>9-3-2(a)</p>						